

Exhibit H

Feb 26 10 10:17a

p.1

Clark County Clerk's Office
200 Lewis Avenue, 5th Floor
P. O. Box 551601
Las Vegas, NV 89155-1601
702-671-0500

Diana Alba

COUNTY CLERK**Receipt for Services**

Cashier	LEONRO	Batch #	517324
		Date:	01/29/2010 Time: 02:46:55PM
Customer Name XA, EXPERIENTIAL AGENCY, INC			
Date	Document Number	Document Type	Pg/Amt
1/29/2010 2:46:55PM	2010012910001561-0	FFN	1
Party 1: XA, SCENES		Party 2: XA, EXPERIENTIAL AGENCY, INC	
	FFN	Total:	20.00
	Fee Total:		20.00
CHECK	17436484675	Money Order	20.00
		Payment Total:	20.00

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p.2

Certificate of Business: Fictitious Firm Name

Please Select One:

- New Application
 Renewal of existing name

Please Print or Type

The expiration date for such certificate shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that XA, Experiential Agency, Inc.

(Name of individual, corporation, partnership or trust)
 with mailing address of 5601 Biscayne Blvd Miami, FL 33137

(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)
 is/are conducting business in Clark County, Nevada, under the fictitious name of
XA, Scenes.

(Fictitious Firm Name/For Doing Business As)
 and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) James Boris

President

Full Name and title (Type or Print)

5601 Biscayne, Blvd

Street Address of Business or Residence

Signature

Date

Maiail FL 33137

Mailing Address, if different from above

City, State, Zip

(2)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(3)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(4)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

Mail to: Diana Alba, County Clerk, Attn. EFN, P.O. Box 551604, Las V. Diana Alba, County Clerk
 01/29/2010 02:46:55 PM
 Include: Filing Fee of \$20.00 with the certificate plus 2 copies and a self-addressed envelope



2010012910301551-0

Feb 26 10 10:18a

p.3

Certificate of Business: Fictitious Firm Name

Please Select One:

- New Application
 Renewal of existing name

Please Print or Type

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that XA, Experiential Agency, Inc.

(Name of individual, corporation, partnership or trust)
 with mailing address of 5601 Biscayne Blvd 203 551 29 2 2 42
Miami FL 33137

(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of
XA, Scenes.

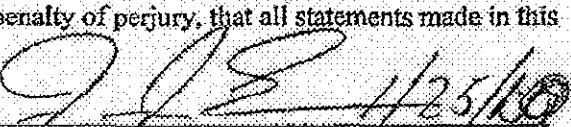
(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) James Ennis

President


 Signature James Date 1/25/10

Full Name and title (Type or Print)

5601 Biscayne, Blvd

Street Address of Business or Residence

Miami FL 33137

Date

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(2)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(3)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(4)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

Mail to: Diana Alba, County Clerk, Attn: FFN, P.O. Box 551604, Las Vegas, NV 89155-0001
 Include: Filing Fee of \$20.00 with the certificate plus 2 copies and a self addressed envelope. Date: 01/29/2010 02:46:55 PM



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